PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

099 444 30

CLAIMS AS FILED - PART I (Column 1) (Column								SMALL EN		OR	OTHER SMALL	
TO	TAL CLAIMS		9					RATE	FEE		RATE	FEE
FOF	₹		NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	· 710.00
TOTAL CHARGEABLE CLAIMS minus 20=					· 0			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS / minus 3 =					* . 6			X40=		OR	X80=	
MULTIPLE DEPENDENT CLAIM PRESENT								+135=		OR	+270=	
* If the difference in column 1 is less than zero, enter						olumn 2		TOTAL	355	OR	TOTAL	
CLAIMS AS AMENDED - PART II								1	,	OR	OTHER	
(Column 1)				(Column 2) (Co			4	SMALL ENTITY			SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MON	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=		X40=		OR	X80=	
	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	T CLAIM		J	+135=		OR	+270=	
								TOTAL		OR	TOTAL	
(Column 1) (Column 2) (Column 3)								ADDIT. FEE	_		ADDIT. FEE	
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIG NUI PREV	HEST MBER TOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
POM	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AMENDMENT	Independent	*	Minus	***		=		X40=		OR	X80=	
	FIRST PRESE	NTATION OF M	MULTIPLE DE	PENDEN	IT CLAIM			+135=		OR		
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Coli	umn 2)	(Column 3	3)	ADDIT: I EE		_	70011.122	·
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIG NU PREV	HEST MBER /IOUSLY D FOR	PRESENT EXTRA	7	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Ş	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
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Ľ	FIRST PRESI	ENTATION OF M	MULTIPLE DE	PENDE	NT CLAIN	1 📗	ل	405	<u> </u>	1		<u> </u>
	If the entry in colu	ımn 1 is less than	the entry in co	lumn 2. wi	rite "0" in c	olumn 3.		+135=		OR	TOTAL	
	If the "Highest Nu "If the "Highest N	umber Previously	Paid For" IN The Paid For" IN The	HIS SPACE	E is less th E is less th	an 20, enter "2 an 3, enter "3.	.*	ADDIT. FEE	L	OR ox in c	ADDIT. FEE	

PTO/SB/06 (8-96)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE of information unless it diseases with CAMP and the comment of the comments of the c

P	ATENT APPLI	CATION FE	E DETER	MINATIO	N RECORD	•	Арр	lication or I	жке	Number	
		CLAIMS AS FT		[(Colum	nn 2)	SMA	LL EN	лπү	OR	OTHER TH	
FOR			NUMBER FILED		NUMBER EXTRA		RATE			RATE	FEE
	IC FEE FR 1.16(a))						<u>088</u> 2	OR. OR		\$	
ATOT A	L CLAIMS FR 1.16(c))	स्	minus 20 =	20 = *		x \$ <u>Q</u> =			x S=		
INDE	PENDENT CLAIMS	1	minus 3 =	*	b	x 3 G		0	OR	x =	
	FR 1.16(b)) LTIPLE DEPENDENT	CLAIM PRESENT	. (37 CFR 1.10	ــــــــــــــــــــــــــــــــــــــ					OR	+ =	
	difference in column 1 is le					TOTAL		380	OR	TOTAL	
* II Unc		CLAIMS AS	AMENDE	D - PART II	(Column 3)	SMA	LL E	NTITY	OR ^	OTHER TI	
ENT A	REM A	AIMS IAINING FTER NDMENT	N PRE	GHEST UMBER VIOUSLY AID FOR	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADD TION FEE
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AMENDMENT	Independent *	Mir	ius ***		=	×	_=		OR OR	x=	
\ \ {	FIRST PRESENTATION OF MULTIPLE DE			PENDENT CLAIM (37 CFR 1.16(d))			_=		OR	+ =	
				Column 2)	(Column 3)	TO'	TAL FEE		OR	TOTAL DDIT. FEE	
ENT B	REI	LAIMS MAINING AFTER ENDMENT	H I PR	TIGHEST TUMBER EVIOUSLY AID FOR	PRESENT		TE	ADDI- TIONAL FEE		RATE	ADD TION FEE
NDMENT	Total *	Mi	nus **		=	× s_	=		OR	x \$=	
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4	FIRST PRESENTA	PLE DEPEND	ENT CLAIM	(37 CFR 1.16(d))	1 -	_=		OR	+=		
			(Column 2)	(Column 3)	T ADDA	OTAL . FEE		OR	TOTAL ADDIT. FEE		
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ĐÃ M	Total *	М	inus **		=	x \$_	_=		OR	x \$=	
ME	Independent *	М	inus **	*	=	x _	=		OR	x =	
A	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(4))						=		OR	+=	=
1	• If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								T OF	TOTAL	

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case.

Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

••• If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".